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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number _____ Filing Date _____

Applicant(s) _____
Bor Z Jang

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2		X					52					
3		X					53					
4		X					54					
5		X					55					
6		X					56					
7		X					57					
8		X					58					
9		X					59					
10		X					60					
11		X					61					
12		X					62					
13		X					63					
14		X					64					
15		X					65					
16		X					66					
17		X					67					
18		X					68					
19	X						69					
20		X					70					
21		X					71					
22		X					72					
23		X					73					
24		X					74					
25		X					75					
26		X					76					
27		X					77					
28		X					78					
29		X					79					
30		X					80					
31		X					81					
32		X					82					
33		X					83					
34		X					84					
35		X					85					
36		X					86					
37							87					
38							88					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	34	←	↓	←	↓	←	Total Depend	←	↓	←	↓	←
Total Claims	36						Total Claims					

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